NOTICE: This document contains correspondence generated during peer review and subsequent revisions but before transmittal to production for composition and copyediting:

- Comments from the reviewers and editors (email to author requesting revisions)
- Response from the author (cover letter submitted with revised manuscript)*
- Email correspondence between the editorial office and the authors*

*The corresponding author has opted to make this information publicly available.

Personal or nonessential information may be redacted at the editor’s discretion.

Questions about these materials may be directed to the Obstetrics & Gynecology editorial office: obgyn@greenjournal.org.
RE: Manuscript Number ONG-19-66

Second Trimester Fetal Loss in a Patient with Hyperemesis Gravidarum Complicated by Refeeding Syndrome

Dear Dr. Mayer:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. Although it is judged not acceptable for publication in Obstetrics & Gynecology in its present form, we would be willing to give further consideration to a revised version.

If you wish to consider revising your manuscript, you will first need to study carefully the enclosed reports submitted by the referees and editors. Each point raised requires a response, by either revising your manuscript or making a clear and convincing argument as to why no revision is needed. To facilitate our review, we prefer that the cover letter include the comments made by the reviewers and the editor followed by your response. The revised manuscript should indicate the position of all changes made. We suggest that you use the "track changes" feature in your word processing software to do so (rather than strikethrough or underline formatting).

Your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Mar 08, 2019, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: This is a very interesting, well-written case report on a second trimester intrauterine fetal demise in an obese patient experiencing hyperemesis gravidarum and refeeding syndrome. The content of this case report is unique since no other cases of fetal demise in women with refeeding syndrome due to hyperemesis gravidarum have been described so far.

Comments to the authors:

Introduction
1. Introduction is well-written and clearly explain the molecular mechanisms underlying refeeding syndrome and its pathophysiology with the potential for life-threatening maternal and fetal complications.
2. Line 84: hypokalemia repeated twice. Please correct.

Case
1. Line 123: The authors refer to Table 1 for results of laboratory tests during hospital admission. Those results are actually shown in Table 2.
2. Line 124: The authors report that 'fetal cardiac activity by hand-held Doppler was appropriate' at patient's admission. Was an ultrasound scan performed to check for fetal movements and tone, as well as amniotic fluid, all pivotal signs of fetal well-being (considering the severity of maternal status)?
3. Line 129: The authors report 'Another 1 liter of normal saline with 100 mg thiamine and 2 gm of magnesium was administered via IV infusion'. How long between the first and the second 1-liter infusion on the day of patient's admission to the Authors' Institution?
4. Line 147-149: The authors report about gross fetal and placental pathology. Was fetal karyotype assessed? Did the patient present potential additional risk factors for intrauterine fetal demise, other than refeeding syndrome? Was placental histology performed?

Reviewer #2:
ONG-19-66
TITLE: Second trimester fetal loss in a patient with hyperemesis gravidarum complicated by refeeding syndrome

Short title: none
The case report describes a rare, potentially fatal complication of hyperemesis gravidarum (HG). It is the case of a 32 year old at 16 weeks gestation with refractory HG who developed refeeding syndrome (RFS). This syndrome consists of electrolyte abnormalities that results in fluid shifts and end organ dysfunction after nutritional support is provided to one who is extremely malnourished. This case resulted in a second trimester fetal demise.

Abstract: no comments

Teaching Points: Excellent points made.

Introduction:
Nice review of pathophysiology.
1. Can any statistic be provided on the frequency of RFS in the general population?

Case description: very complete.
2. Upon discharge the patient still had notable abnormal lab values. Can you provide any description of what supplements or treatments the patient was discharged with? Amy comments to add on her follow-up postpartum care?

Discussion:
Notes that this is the first report of RFS and a second trimester fetal loss. A thoughtful argument for pathophysiologic cause of fetal death.

References:
Seem appropriate.

TABLES:
Valuable information on constitution of multivitamin supplement used at the Naval Medical center in Portsmouth. Useful table on change in lab values over hospital stay.

EDITOR COMMENTS:
1. Thank you for your submission to Obstetrics & Gynecology. In addition to the comments from the reviewers above, you are being sent a notated PDF that contains the Editor’s specific comments. Please review and consider the comments in this file prior to submitting your revised manuscript. These comments should be included in your point-by-point response cover letter.

- Please move much of the introductory content to the discussion section. While the pathophysiology is important to understand, it could be abbreviated somewhat. Also, please note that you have exceeded the limit for references for case reports. Perhaps while abbreviating the pathophy section, you will be able to delete a few references.

- In the abstract, I would recommend deleting the "only" reference. You have provided the appropriate information for this primacy claim in the manuscript.

- Please consult the Instructions for Authors regarding the use of abbreviations, and what constitutes an acceptable abbreviation. This is not an acceptable abbreviation. Please spell the words out throughout the manuscript. Also please spell out all acceptable abbreviations (Like BMI) on first use.

- Does this include the delivery hospitalization?

- all fetuses are unborn.

- Please spell out this abbreviation.

- was she making urine? Getting at the possibility of significant dehydration, especially given hematocrit drop.
growth restricted is a fetal diagnosis; Small for gestational age is the neonatal one.

- while this may be a reasonable idea, it hasn't been tested and a case report is not really the right vehicle for making policy change recommendations. Perhaps you could soften this a bit by saying something like "without pregnancy-specific recommendations, clinicians caring for obstetrical patients with refeeding syndrome could reference the NICE guidelines and adapt as needed for pregnancy"? Given the rarity of this condition, it is doubtful that any RCT would be done about this disorder, which you could also emphasize.

2. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter, as well as subsequent author queries. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:
   1. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.
   2. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

3. As of December 17, 2018, Obstetrics & Gynecology has implemented an "electronic Copyright Transfer Agreement" (eCTA) and will no longer be collecting author agreement forms. When you are ready to revise your manuscript, you will be prompted in Editorial Manager (EM) to click on "Revise Submission." Doing so will launch the resubmission process, and you will be walked through the various questions that comprise the eCTA. Each of your coauthors will receive an email from the system requesting that they review and electronically sign the eCTA.

Any author agreement forms previously submitted will be superseded by the eCTA. During the resubmission process, you are welcome to remove these PDFs from EM. However, if you prefer, we can remove them for you after submission.

4. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology has adopted the use of the reVITALize definitions. Please access the obstetric and gynecology data definitions at https://www.acog.org/About-ACOG/ACOG-Departments/Patient-Safety-and-Quality-Improvement/reVITALize. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

5. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Case Reports should not exceed 8 typed, double-spaced pages (2,000 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and print appendices) but exclude references.

6. Specific rules govern the use of acknowledgments in the journal. Please note the following guidelines:
   * All financial support of the study must be acknowledged.
   * Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.
   * All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your response in the journal’s electronic author form verifies that permission has been obtained from all named persons.
   * If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).
   * Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.

7. Provide a short title of no more than 40 characters, including spaces, for use as a running foot.

8. Provide a précis on the second page, for use in the Table of Contents. The précis is a single sentence of no more than 25 words that states the conclusion(s) of the report (i.e., the bottom line). The précis should be similar to the abstract's conclusion. Do not use commercial names, abbreviations, or acronyms in the précis. Please avoid phrases like "This paper presents" or "This case presents."

9. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.

In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Case Reports, 125 words. Please provide a word count.
10. Only standard abbreviations and acronyms are allowed. A selected list is available online at http://edmgr.ovid.com/ong/accounts/abbreviations.pdf. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

11. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

12. Line 101: We discourage claims of first reports since they are often difficult to prove. How do you know this is the first report? If this is based on a systematic search of the literature, that search should be described in the text (search engine, search terms, date range of search, and languages encompassed by the search). If on the other hand, it is not based on a systematic search but only on your level of awareness, it is not a claim we permit.

13. Please review the journal's Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here: http://edmgr.ovid.com/ong/accounts/table_checklist.pdf.

14. The American College of Obstetricians and Gynecologists' (ACOG) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite ACOG documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly (exceptions could include manuscripts that address items of historical interest). If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance (obgyn@greenjournal.org). In most cases, if an ACOG document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All ACOG documents (eg, Committee Opinions and Practice Bulletins) may be found via the Clinical Guidance & Publications page at https://www.acog.org/Clinical-Guidance-and-Publications/Search-Clinical-Guidance.

15. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at http://links.lww.com/LWW-ES/A48. The cost for publishing an article as open access can be found at http://edmgr.ovid.com/acd/accounts/ifauth.htm.

Please note that if your article is accepted, you will receive an email from the editorial office asking you to choose a publication route (traditional or open access). Please keep an eye out for that future email and be sure to respond to it promptly.

16. If you choose to revise your manuscript, please submit your revision via Editorial Manager for Obstetrics & Gynecology at http://ong.editorialmanager.com. It is essential that your cover letter list point-by-point the changes made in response to each criticism. Also, please save and submit your manuscript in a word processing format such as Microsoft Word.

If you submit a revision, we will assume that it has been developed in consultation with your co-authors and that each author has given approval to the final form of the revision.

Again, your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Mar 08, 2019, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Nancy C. Chescheir, MD
Editor-in-Chief

2017 IMPACT FACTOR: 4.982
2017 IMPACT FACTOR RANKING: 5th out of 82 ob/gyn journals

In compliance with data protection regulations, please contact the publication office if you would like to have your personal information removed from the database.
From: Kaitlyn Huegel Mayer, MD, LT MC USN

To: Obstetrics & Gynecology Journal Editors

I am submitting this revised case report entitled Second Trimester Fetal Loss in a Patient with Hyperemesis Gravidarum Complicated by Refeeding Syndrome for your re-consideration for publication. The Manuscript Number assigned to this case report is ONG-19-66. We have addressed the points raised by the reviewers and editors as listed below.

REVIEWER COMMENTS:

Reviewer #1: This is a very interesting, well-written case report on a second trimester intrauterine fetal demise in an obese patient experiencing hyperemesis gravidarum and refeeding syndrome. The content of this case report is unique since no other cases of fetal demise in women with refeeding syndrome due to hyperemesis gravidarum have been described so far.

Comments to the authors:

Introduction

1. Introduction is well-written and clearly explain the molecular mechanisms underlying refeeding syndrome and its pathophysiology with the potential for life-threatening maternal and fetal complications.

2. Line 84: hypokalemia repeated twice. Please correct.

Thank you for your thorough review of this manuscript and catching this error. It has now been corrected and is reflected on Line 158.
Case

1. Line 123: The authors refer to Table 1 for results of laboratory tests during hospital admission. Those results are actually shown in Table 2.

   Thank you for noting this typographical error. The order of the tables has been adjusted to reflect their appearance in the manuscript and the corresponding references have been corrected.

2. Line 124: The authors report that 'fetal cardiac activity by hand-held Doppler was appropriate' at patient's admission. Was an ultrasound scan performed to check for fetal movements and tone, as well as amniotic fluid, all pivotal signs of fetal well-being (considering the severity of maternal status)?

   Thank you for this excellent question. Limited transabdominal ultrasound during her clinic visit revealed a grossly normal fetus with appropriate amniotic fluid and heart rate. This has now been added to the manuscript for clarity on Lines 88-90.

3. Line 129: The authors report 'Another 1 liter of normal saline with 100 mg thiamine and 2 gm of magnesium was administered via IV infusion'. How long between the first and the second 1-liter infusion on the day of patient's admission to the Authors' Institution?

   Thank you for this important question. The first IV infusion was given at the ambulatory infusion center between 1145-1300. She went home prior to the resulting of her laboratory tests. Once her provider received the results of her laboratory testing, she was instructed to return to the hospital for admission and further management. She returned for admission at 1600 and her fluids were started at that time. The wording has been amended in the case to clarify this timeline (Lines 95 -101).

4. Line 147-149: The authors report about gross fetal and placental pathology. Was fetal karyotype assessed? Did the patient present potential additional risk factors for intrauterine fetal demise, other than refeeding syndrome? Was placental histology performed?

   Thank you for these excellent questions. The patient declined genetic screening and karyotype was not performed. This has been clarified on Lines 128 – 129. We are unaware of any additional risk factors for intrauterine fetal demise for this patient. The manuscript has been edited to reflect that placental histology was performed (Lines 127-128).

Reviewer #2:

ONG-19-66

TITLE: Second trimester fetal loss in a patient with hyperemesis gravidarum complicated by refeeding syndrome

Short title: none

TYPE: Case Report

Precis: none
Disclosures: Views expressed are those of authors and do not necessarily reflect the official policy of the Navy Department of Defense or the U.S. Government.

Overall:

The case report describes a rare, potentially fatal complication of hyperemesis gravidarum (HG). It is the case of a 32 year old at 16 weeks gestation with refractory HG who developed refeeding syndrome (RFS). This syndrome consists of electrolyte abnormalities that results in fluid shifts and end organ dysfunction after nutritional support is provided to one who is extremely malnourished. This case resulted in a second trimester fetal demise.

Abstract: no comments

Teaching Points: Excellent points made.

Introduction:

Nice review of pathophysiology.

1. Can any statistic be provided on the frequency of RFS in the general population?

   Thank you for asking this question that clarifies important background information for this manuscript. The incidence of refeeding syndrome is unknown; however, it has been reported to occur in 0.43% of hospitalized patients and up to 48% of severely malnourished patients being refed. We have edited the manuscript to include this information on Lines 68-70.

Case description: very complete.

2. Upon discharge the patient still had notable abnormal lab values. Can you provide any description of what supplements or treatments the patient was discharged with? Any comments to add on her follow-up postpartum care?

   Thank you for highlighting this important point which has been elaborated upon on Lines 122-125. This patient had left against medical advice but had agreed to continued outpatient follow-up. She was discharged home with potassium chloride tablets and her potassium level had normalized to 4.2 mmol/L four days after discharge.

Discussion:

Notes that this is the first report of RFS and a second trimester fetal loss. A thoughtful argument for pathophysiologic cause of fetal death.

References:

Seem appropriate.
TABLES:
Valuable information on constitution of multivitamin supplement used at the Naval Medical center in Portsmouth. Useful table on change in lab values over hospital stay.

EDITOR COMMENTS:

1. Thank you for your submission to Obstetrics & Gynecology. In addition to the comments from the reviewers above, you are being sent a notated PDF that contains the Editor’s specific comments. Please review and consider the comments in this file prior to submitting your revised manuscript. These comments should be included in your point-by-point response cover letter.

***The notated PDF is uploaded to this submission's record in Editorial Manager. If you cannot locate the file, contact Randi Zung and she will send it by email - rzung@greenjournal.org.***

- Please move much of the introductory content to the discussion section. While the pathophysiology is important to understand, it could be abbreviated somewhat. Also, please note that you have exceeded the limit for references for case reports. Perhaps while abbreviating the pathophy section, you will be able to delete a few references.

  Thank you for these excellent recommendations. The pathophysiology review of refeeding syndrome has been abbreviated and moved to the discussion section. We have decreased our references to 12. Although this is still above the limit of number of references for case reports, we feel that further removal of references may decrease the educational value of the article. We respectfully request your consideration for granting an exception to the maximum number of references.

- In the abstract, I would recommend deleting the "only" reference. You have provided the appropriate information for this primacy claim in the manuscript.

  Thank you for this recommendation. The abstract has been edited to reflect this recommendation (Line 30).

- Please consult the Instructions for Authors regarding the use of abbreviations, and what constitutes an acceptable abbreviation. This is not an acceptable abbreviation. Please spell the words out throughout the manuscript. Also please spell out all acceptable abbreviations (Like BMI) on first use.

  Thank you for this correction. Abbreviations throughout the manuscript have been corrected to adhere to the guidelines.

- Does this include the delivery hospitalization?
Thank you for this excellent question. The sentence has been edited on Line 56 to clarify that this statistic is for antenatal admissions only.

- all fetuses are unborn.

This is an excellent point; the word “unborn” has been removed from Line 73.

- Please spell out this abbreviation.

Thank you for this recommendation. This abbreviation has been removed.

- was she making urine? Getting at the possibility of significant dehydration, especially given hematocrit drop.

Thank you for suggesting this important addition to our paper. Her average urine output on admission and hospital day 2 have been added to this manuscript on Lines 105-109.

- growth restricted is a fetal diagnosis; Small for gestational age is the neonatal one.

Thank you for this correction. The term “growth restricted” has been removed and replaced with “small for gestational age” on Lines 144-145.

- while this may be a reasonable idea, it hasn't been tested and a case report is not really the right vehicle for making policy change recommendations. Perhaps you could soften this a bit by saying something like "without pregnancy-specific recommendations, clinicians caring for obstetrical patients with refeeding syndrome could reference the NICE guidelines and adapt as needed for pregnancy"? Given the rarity of this condition, it is doubtful that any RCT would be done about this disorder, which you could also emphasize.

Thank you for making this excellent point and for your thoughtful suggestions on wording. We have revised this paragraph to reflect your recommendations. Lines 185-191 now read: “Consideration should be given to delaying dextrose administration to patients at risk for refeeding syndrome until electrolyte abnormalities are corrected. Given the rarity of refeeding syndrome in pregnancy, it is doubtful that randomized control trials regarding optimal treatment would be pursued for this population. Without pregnancy-specific guidelines for refeeding syndrome, we suggest that clinicians caring for obstetrical patients with this condition reference the National Institute for Health and Care Excellence guidelines and adapt as needed for pregnancy.”

2. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter, as well as subsequent author queries. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:

OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.
3. As of December 17, 2018, Obstetrics & Gynecology has implemented an "electronic Copyright Transfer Agreement" (eCTA) and will no longer be collecting author agreement forms. When you are ready to revise your manuscript, you will be prompted in Editorial Manager (EM) to click on "Revise Submission." Doing so will launch the resubmission process, and you will be walked through the various questions that comprise the eCTA. Each of your coauthors will receive an email from the system requesting that they review and electronically sign the eCTA.

Reviewed.

Any author agreement forms previously submitted will be superseded by the eCTA. During the resubmission process, you are welcome to remove these PDFs from EM. However, if you prefer, we can remove them for you after submission.

Reviewed.

4. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women’s Health Registry Alliance. Obstetrics & Gynecology has adopted the use of the reVITALize definitions. Please access the obstetric and gynecology data definitions at https://www.acog.org/About-ACOG/ACOG-Departments/Patient-Safety-and-Quality-Improvement/reVITALize. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

Reviewed.

5. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Case Reports should not exceed 8 typed, double-spaced pages (2,000 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and print appendixes) but exclude references.

We have worked diligently to decrease the word count for our manuscript. Currently, the manuscript has 1,902 words (2132 words when including the précis, abstract and teaching points). We respectfully request that an exception can be made for the word count of our manuscript given the complexity of the case, the need to highlight the differences in our report from previous cases, the importance of educating colleagues on the physiology of refeeding syndrome, and the importance of providing recommendations for appropriate treatment of refeeding syndrome in pregnancy to potentially prevent future poor outcomes.

6. Specific rules govern the use of acknowledgments in the journal. Please note the following guidelines:

* All financial support of the study must be acknowledged.

* Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.

* All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the
acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your response in the journal's electronic author form verifies that permission has been obtained from all named persons.

* If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).

    This work was presented at the 2018 Annual ACOG Armed Forces District Meeting in Honolulu, Hawaii, Sep. 23-26, 2018.

7. Provide a short title of no more than 40 characters, including spaces, for use as a running foot.

    Refeeding Syndrome and Fetal Loss

8. Provide a précis on the second page, for use in the Table of Contents. The précis is a single sentence of no more than 25 words that states the conclusion(s) of the report (i.e., the bottom line). The précis should be similar to the abstract's conclusion. Do not use commercial names, abbreviations, or acronyms in the précis. Please avoid phrases like "This paper presents" or "This case presents."

    PRÉCIS: Refeeding syndrome is a potentially fatal complication of hyperemesis gravidarum and requires caution when reintroducing glucose during prolonged states of malnutrition to prevent its development.

9. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.

    Reviewed.

In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Case Reports, 125 words. Please provide a word count.

    Word Count: 125 words

10. Only standard abbreviations and acronyms are allowed. A selected list is available online at http://edmgr.ovid.com/ong/accounts/abbreviations.pdf. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

    This has been reviewed, and the manuscript has been revised to reflect these guidelines.

11. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

    This has been reviewed and the manuscript has been revised to reflect these guidelines.
12. Line 101: We discourage claims of first reports since they are often difficult to prove. How do you know this is the first report? If this is based on a systematic search of the literature, that search should be described in the text (search engine, search terms, date range of search, and languages encompassed by the search). If on the other hand, it is not based on a systematic search but only on your level of awareness, it is not a claim we permit.

Thank you for this feedback. Our claim as a first report is based on a systematic search of the literature via search engine: PubMed Central; search terms: “refeeding syndrome” in conjunction with “pregnancy,” “miscarriage,” “hyperemesis gravidarum,” or “intrauterine fetal demise”; date range of search: up to Oct 30, 2018; language: English. This search is described in the text on Lines 75-77.

13. Please review the journal’s Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here: http://edmgr.ovid.com/ong/accounts/table_checklist.pdf.

This has been reviewed, and the manuscript has been revised to reflect these guidelines.

14. The American College of Obstetricians and Gynecologists' (ACOG) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite ACOG documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly (exceptions could include manuscripts that address items of historical interest). If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance (obgyn@greenjournal.org). In most cases, if an ACOG document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All ACOG documents (eg, Committee Opinions and Practice Bulletins) may be found via the Clinical Guidance & Publications page at https://www.acog.org/Clinical-Guidance-and-Publications/Search-Clinical-Guidance.

Reviewed.

15. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at http://links.lww.com/LWW-ES/A48. The cost for publishing an article as open access can be found at http://edmgr.ovid.com/acd/accounts/ifauth.htm.

Reviewed.

Please note that if your article is accepted, you will receive an email from the editorial office asking you to choose a publication route (traditional or open access). Please keep an eye out for that future email and be sure to respond to it promptly.

If our manuscript is accepted for publication, we will diligently look for the email from the editorial office regarding publication route. Thank you.

16. If you choose to revise your manuscript, please submit your revision via Editorial Manager for Obstetrics & Gynecology at http://ong.editorialmanager.com. It is essential that your cover letter list
point-by-point the changes made in response to each criticism. Also, please save and submit your manuscript in a word processing format such as Microsoft Word.

Reviewed.

Thank you for your detailed review of our manuscript, for your thorough and thoughtful recommendations, and for allowing us this opportunity to submit a revised manuscript for consideration for publication.

Very Respectfully,

Kaitlyn Huegel Mayer, MD
LT MC USN
Dear Ms. Zung,

I am submitting this revised case report entitled *Second Trimester Fetal Loss in a Patient with Hyperemesis Gravidarum Complicated by Refeeding Syndrome* for your re-consideration for publication. The Manuscript Number assigned to this case report is ONG-19-66. Attached, please see our responses to the points raised by the editors and the revised manuscript with tracked changes. Should you have any further questions or concerns, please do not hesitate to contact me.

Very Respectfully,

Kaitlyn Huegel Mayer, M.D.

On Wed, Mar 13, 2019 at 12:10 PM Randi Zung <RZung@greenjournal.org> wrote:

Dear Dr. Mayer:

- 

*Your revised manuscript is being reviewed by the Editors. Before a final decision can be made, we need you to address the following queries. Please make the requested changes to the latest version of your manuscript that is attached to this email. Please track your changes and leave the ones made by the Editorial Office. Please also note your responses to the author queries in your email message back to me.*

- 

1. General: The Manuscript Editor and Dr. Chescheir have made edits to the manuscript using track changes. Please review them to make sure they are correct.

- 

2. Corresponding Author Information: Is this the correct contact information to include if your paper is accepted?

- 

3. Line 19: Please add the city and state of the meeting.
4. Introduction section: As you are over 400 words over, I’m going to make some suggestions for shortening your paper. Please note if I have in any way altered your meaning, or emphasis and of course you can decline my edits and make your own. However, you need to take out most of the 400 words.

5. Line 79: So your patient got this as result of drinking a sweet drink that was not part of “nutritional support” which implies a therapy. Perhaps…”as a result of enteral or parental nourishment in the extremely malnourished”?

6. Line 120: It’s the military so if she was active duty I guess you can “instruct” her. However, would “advised” be acceptable?

7. Line 184: Please note that you did not mention in the description of any of these cases the issue of repleting vitamins and electrolytes before aggressive caloric supplementation so none of these were evidence of the importance of that.

8. Line 185-186: The journal does not permit primacy claims (claims of first reports, largest reports, etc.). This sentence was deleted.

9. Line 197: Your patient had hyponatremia at diagnosis. Is this a typo here?

10. Line 211: What about BMI? Anorexics appear to be at risk and your patient was obese. What aspect of BMI is problematic?

11. Line 213: Please confirm. The NICE guidelines were for caring for malnourished people, not specifically those with refeeding syndrome. Is this correct. Earlier you made the point of how important electrolyte repletion is before caloric repletion. Here, the NICE guidelines as you’ve described them don’t make that point. Please clarify.

12. Line 229: Again, please be clear where this recommendation is found.

To facilitate the review process, we would appreciate receiving a response by March 19.

Best,
Randi Zung (Ms.)

Editorial Administrator | Obstetrics & Gynecology
American College of Obstetricians and Gynecologists
409 12th Street, SW
Washington, DC 20024-2188
http://www.greenjournal.org

--
From: Kaitlyn Huegel Mayer, MD, LT MC USN

To: Obstetrics & Gynecology Journal Editors

I am submitting this revised case report entitled Second Trimester Fetal Loss in a Patient with Hyperemesis Gravidarum Complicated by Refeeding Syndrome for your re-consideration for publication. The Manuscript Number assigned to this case report is ONG-19-66. I have addressed the points raised by the editors as listed below.

1. General: The Manuscript Editor and Dr. Chescheir have made edits to the manuscript using track changes. Please review them to make sure they are correct.
   
   We offer our sincerest gratitude for the edits made to our manuscript and the opportunity to resubmit a revised document for consideration for publication. The edits you have provided have been reviewed and are correct.

2. Corresponding Author Information: Is this the correct contact information to include if your paper is accepted?
   
   Thank you for clarifying. The address has been edited for correspondence.

3. Line 19: Please add the city and state of the meeting.
   
   The city and state of the meeting have been added as requested.

4. Introduction section: As you are over 400 words over, I’m going to make some suggestions for shortening your paper. Please note if I have in any way altered your meaning, or emphasis and of course you can decline my edits and make your own. However, you need to take out most of the 400 words.

   We are very grateful for the edits made to reduce the word count in our manuscript. We approve all of these edits as the overall intended meaning and purpose of our case report has remained preserved. Thank you for your thoughtful recommendations on how to improve our text. We have removed some additional verbiage as well to help further reduce the word count.

5. Line 79: So your patient got this as result of drinking a sweet drink that was not part of “nutritional support” which implies a therapy. Perhaps….“as a result of enteral or parental nourishment in the extremely malnourished”?

   Thank you for this excellent point and for helping to make our manuscript more cohesive. The word “support” has been replaced with “nourishment.”

6. Line 120: It’s the military so if she was active duty I guess you can “instruct” her. However, would “advised” be acceptable?

   Absolutely. The word “instruct” has been replaced with the word “advised” to reflect the appropriate tone of the recommendation.
7. Line 184: Please note that you did not mention in the description of any of these cases the issue of repleting vitamins and electrolytes before aggressive caloric supplementation so none of these were evidence of the importance of that.

   Thank you for this important point. We have revised the wording in this paragraph to accurately reflect that refeeding was undertaken prior to appropriate replacement of electrolytes and vitamins.

8. Line 185-186: The journal does not permit primacy claims (claims of first reports, largest reports, etc.). This sentence was deleted.

   Thank you for this correction to ensure we have complied with your guidelines. We have also removed this claim from the introduction section.

9. Line 197: Your patient had hyponatremia at diagnosis. Is this a typo here?

   Thank you for this clarification. Refeeding syndrome can be associated with hypernatremia as a result of increased insulin production after a glycemic load. Conversely, the total concentration of sodium ions are lost over time without repletion; however, as total body water is typically decreased, their measured concentrations may appear normal. It is true that our patient’s labs reflected hyponatremia, not hypernatremia, likely reflecting her lack of total body sodium. The word “relative” has been added to line 167 to help clarify this point.

10. Line 211: What about BMI? Anorexics appear to be at risk and your patient was obese. What aspect of BMI is problematic?

    Thank you for asking for clarification. This line has been edited to reflect the NICE guidelines “6.6.2.1. Clinical description” of patients at risk of refeeding complications which specifically mention BMI less than 18.5 kg/m2.

11. Line 213: Please confirm. The NICE guidelines were for caring for malnourished people, not specifically those with refeeding syndrome. Is this correct. Earlier you made the point of how important electrolyte repletion is before caloric repletion. Here, the NICE guidelines as you’ve described them don’t make that point. Please clarify.

    Thank you for making this excellent point. In section 6.6 “Re-feeding Problems,” the NICE guidelines address risks for refeeding complications and recommend electrolyte and vitamin repletion with the onset of feeding to prevent these potential complications. We have modified our wording throughout the manuscript to reflect simultaneous administration of electrolytes and vitamins with controlled administration of glucose as recommended in the NICE guidelines.

12. Line 229: Again, please be clear where this recommendation is found.

    Thank you for requesting this clarification. We had extrapolated this recommendation from the mechanism of onset of refeeding syndrome, but have removed this recommendation and revised our wording to reflect the published recommendations from the NICE guidelines.